

[Name of Tour Company]

[Address]

[Phone / Fax Numbers]

## TOUR REGISTRATION APPLICATION

Complete the following form for each registrant:

<b>REGISTRANT INFORMATION:</b>			
Full Name (exactly as it appears on your passport):			
Birth Date:			
Passport Number & Expiration Date:			
Sex:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
City:		State/Prov:	
Zip/Postal Code:		Country:	
Home Phone:		Work Phone:	
Fax:		Email:	
Include my email in the participant list:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>EMERGENCY CONTACT INFORMATION:</b>			
Name:			
Relationship:			
Home Phone:		Work Phone:	
Fax:		Email:	
<b>TOUR INFORMATION:</b>			
Tour:			
Departure Date:			
<b>ACCOMMODATION &amp; SPECIAL NEEDS:</b>			
Single / Double Occupancy:		<input type="checkbox"/> Single	<input type="checkbox"/> Double
If double, give name of person you will be sharing room with:			
Would you like us to find you a roommate? <i>Please note if we are unable to find you a roommate, the single supplement surcharge will be applied.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PLEASE NOTE – ALL ROOMS ARE NON-SMOKING.</b>			
Medical conditions / special needs / dietary requirements, food allergies, etc.:			
<b>PAYMENT INFORMATION:</b>			
Deposit:		\$###.##	
Payment of deposit required:		## days before departure date	